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I reviewed a paper about COVID-19 On this channel that has been retracted. We're going to talk about what that paper was reviewing, and why they took it down. So let me set the stage that this paper wasn't just an opinion paper about COVID-19. It was a 38 page scientifically referenced paper, reviewing the process of COVID-19. And the effects or side effects of COVID-19. It was cross referenced with nearly 300 scientific articles. And there were eight peer reviewers for this article. That means there were eight scientists, not chosen by the authors who reviewed the article asked questions about the article. And all eight signed off that this was a scientifically based peer reviewed article about COVID-19. And the process is over the last three years. Alright, so we're first going to look at what went wrong with rolling out this vaccination and setting up a trial during such a time as a pandemic.

And then we're going to look at the effects from the vaccination. So let's start here with the approval process. The first step that I like to land on and the paper does as well is to look at what is that pre e u A, or emergency use act that we used to get this vaccination to the public, as well as what bias might have been present. In the first section of the paper, it talks about how the prior to this rapid authorization process, no vaccine had been permitted to use without the release, undergoing testing for at least four years. The bias that was mentioned in the first section of this paper includes that both political and financial commitment that the government had, committing to the purchase of, you know, millions of dollars of this M RNA vaccination, and how that might have led to their need for this to turn out. Okay. The next thing that paper points out is the word the reclassification of the word

vaccinations. So the paper points out that we've used the word vaccination well for at least 100 years in our medical communities. And that word meant something. But this was strikingly different than what a vaccination was. This process was a messenger RNA, that was really the manipulation of how our proteins can be made intracellularly, after they inoculation with this string of messenger RNA. So to recap, if you've never heard of messenger RNA before this vaccination, you have that in your body, and your body will make messenger RNA out of the

DNA in your nucleus in each of your cells from that messenger RNA, you then make proteins. So this is where we said if we make these proteins, it will help to fight against and maybe even prevent the spread of a virus. At least that was the theory behind this testing of messenger RNA. The key component here is it's not a

vaccination. It's not the same thing. And there isn't an off switch. When you have messenger RNA in circulation. Well, how do you get the protein to stop being made? Well, that was never talked about and really wasn't covered. Number three, is the inadequate safety testing and approval process. So again, this was a pandemic, this was something we'd never seen before. And if you are a frontline clinician like me, you have lots of forgiveness for how they were testing and seeing if this process was going to prevent the spread or the infection. Until I looked at this paper, which pointed out that the recruitment for the people they were studying was a lot younger than what was actually being seen in my clinic. So when looking for the severe cases, the Pfizer arm of the trial only had one that was a severe COVID case. And the Moderna had zero, that is a misrepresentation of what we were actually using this for in real practice. I think it's really important that the math that was used to determine is this vaccination

effective for the population was only a 20 week trial. So in those 20 weeks, it would be very important that the audience we're looking at are the ones that we are seeing die from this infection. At the end of those 20 weeks. I think two things are very curious. Number one, at the end of 20 weeks, the people who got placebo were offered the vaccination. So as we study them for the next year later, any side effect that was found in the placebo. Well, it's missing because they ended up with a vaccination or at least they were offered the vaccination. The second part was the numbers were way too small to be able to make a clear or at least a pragmatic conclusion that this vaccination was doing what the trial was intended to look for this next paragraph, it looks at the implication for whether or not it reached the 50% relative risk reduction when given the vaccination. This gets a little

complicated. When you see that there were a percentage of patients with confirmed PCR registered COVID-19. Yet there was a large number a 20 fold increase of people who had suspected COVID-19. So when you take into account this 20 fold increase, there were almost 1600 cases in the vaccinated group 1800 in the placebo group. And when you factored in both this confirmed with PCR as well as suspected cases, the vaccine efficacy against developing symptoms drops to only 19% far below the 50% relative risk reduction threshold required by

the regulatory authorization. So finally, let's get to the under reporting says Moreover, the original trial reports did not include data on serious non infectious events, including fatalities that occurred between the 30 and 60 day reporting period. By contrast, the COVID 19 infections were continuously monitored from the time of

immunization, both Pfizer and Janssen showed leniency in recording the adverse events restricting the documentation of solicited events to a safety cohort representing less than 20% of the overall study population. This next section starts with the word alarmingly. And it really is it was drawing from this six month interim report where Michaels and colleagues found evidence of substantial increase in the number of deaths due to cardiovascular events from this vaccinated subject, and it was not reported by that manufacturer. So this paper points out that the protocol was very clear, that has a serious adverse effect, meaning death, and hospitalization, but you had 24 hours to report this death. And the guidelines were not ambiguous. But Pfizer used the dates that the death was recorded in the subjects case report forms, as opposed to the death dates, which was Pfizer

maintained, this investigation uncovered the consistent pattern of reporting the delays of the date of death on subjects, case report forms across the entire trial. And remember, this is a 20 week area we are studying, so any delay in deaths would be an underreporting of mortality, which is what this says if Pfizer had used the actual death dates in their emergency use application, two additional vaccination subjects would have been included in the application. This discrepancy was crucial. All vaccinated subjects for a four and half of the placebo deaths to a four were cardiac related. Here's another finding that I spent a lot of time scratching my head about it was a quality control and process related impurities.

So let's review that when you apply to use a vaccination, you had to submit the actual vials to the authorities. And

in those vials were found the messenger RNA. That is this vaccination. However, when they went to replicating this process in mass quantities after the approval, they used a different process, one that was accidentally leaving double stranded DNA, not the string, single stranded mRNA that was approved. But snippets of double stranded DNA found throughout the process throughout these vials, those processes from the biases to the impurities are part of what we said yes to during a pandemic. And we were trusting that these authorities and those researchers were going to keep us well informed on whether or not as we move forward, the process was safe. So the adverse effects are what we're going to look at next. And this is where

those processes blend into some of the findings that this paper points out. Let's begin with the increased autoimmune disorders. Let's start with this highlighted

sentence, which looks at the 803% increase in the autoimmune disorders. So when you take that finding of the increased autoimmune disorders, and then you add this other components of the vaccine contributed to complex, poorly understood and unpredictable adverse effects.

These components included the lipid nanoparticles, and in particular, the ionized cat ion lipids, and the polyethylene glycol and various process related impurities such as the DNA plasmids discussed previously. Let me just outline this a little bit. When you look at auto immune disorders when they are activated inside the body. It's because the immune system did an accident it made an error and it is thinking that self isn't self one of the ways to activate the inappropriate attacking of yourself the auto immune disorder Is to have, I don't know, erroneous DNA floating around your body after a vaccination. It is very unsettling to read how much how prevalent the impurities were. And then my brain says, I wonder if that is a

correlation to how many of them have these autoimmune disorders after the vaccination.

Alright, let's move on to the cardio toxicities and myocarditis. This has been all over the news. So I was particularly curious when reading this section. All right, the paper points out there is a large and growing literature describing the remarkable toxic effects of the s protein. Its persistence for up to 30 days following the vaccination is of great concern. The s protein causes an acute inflammatory response. And of course, you skipped down to find that the COVID-19 mRNA vaccination particularly in young adults, many studies have found increased risk of myocarditis or swelling in those muscle cells of your heart, along with cardiac arrhythmias, and some cases leading to sudden death. This s protein persists in circulate in circulation in the young adults who developed myocarditis post vaccination, but not

in vaccinated individuals who did not develop myocarditis. It goes on to talk about how that prevalence seems to be a lot higher in those that were vaccinated versus those who just got the infection. Alright, so that was the paper. So why did it get retracted? Let's take a look at the email that the authors got from the advisors who run that paper. Okay, so it says, Dear authors, and it goes on to say here are eight reasons we think this paper should be retracted. Notice the underlining in blue. It says, Yeah, we don't think that there's any correction you can make that will stop us from retracting it. As you look at these eight points, starting with the misrepresentation of the all cause mortality of the vaccination, adverse offense reporting data,

it goes on to talk about the math used to predict whether or not the claims of the vaccination were convincing evidence or not. And you can read

through the rest of these as I read through them, I thought, well, for sure, we can continue to debate this. If there is a problem with any of these. Let's make sure we don't shut off the conversation. Dr. McCulloh, the senior author of this very advanced report, has written a rebuttal showing, well, here's our citations for how we came up with that information. And why they would like to argue their point, the report is helpful for me, but I will save you the pain of having me go through line by line of his report. I do want to read one sentence. It's this irredeemable statement that bothers me. It says The article states that the mRNA COVID-19. Vaccination did not undergo adequate safety and efficacy testing, which the journal considers to be incorrect. You're like, that's the reason you can't you can't. I love his response to this says In summary, the idea that the mRNA COVID vaccine 19 did not undergo adequate safety and efficacy testing is the central premise to the paper. It was the basis for the paper

considered by curious in the first place and then eventually accepting the following following an exhaustive winckley review process. The fact that you are making the statement suggests that he and his Springer's superiors are overriding the curious editors in the manner. And it is the point where when you see the authorities stopping the scientific discourse, how are people like me on the front end supposed to make a decision? It is this kind of discussion that is needed. And I would love to see this continue played out in the scientific articles that are not regulated by the political games being played here. All right. So this isn't normally what I do on this channel. I spend time educating people on how to get the best metabolism. So when things like a pandemic, come on, again, you are the healthiest that you can be. It is not my intention to focus on this vaccination any further. What I do on

this channel is to try and educate my patients. And all of you that are curious about how do you get the best metabolism, the best metabolic health so that a virus is wimpy as something like COVID-19 can be fought off with success. So if you want to see one of my favorite videos, it is telling you whether or not you're insulin resistant. Don't know what that is. Check out the video. I got you